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April 12, 2005

VIA EXPRESS MAIL  
EV 539041526 US

To Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Our Docket No. 03179-PA

Dear Sir:

Enclosed herewith please find the following:

1. Amendment Accompanying the Request for Continued Examination
2. Form PTO/1083
3. Form PTO/SB/30
4. Our check No. 0125 in the amount of \$790.00 for filing a Request for Continued Examination Transmittal (RCE).
5. Our post card. (Please date stamp and return.)

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Date: April 12, 2005

Express Mail Label No.: EV 539041526 US

By:

*Judy Robertson*  
Judy Robertson

**ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP**

The Honorable Commissioner

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April 12, 2005

Thank you for your cooperation and assistance.

Respectfully submitted,

  
Sam Rosen

SR/jjr  
Enclosures

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To the Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450



Dear Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: WILSON ET AL

Serial No.: 10/648,709

Filed: August 26, 2003

For: METHOD FOR PRODUCING 1,1,1,3-TETRACHLOROPROPANE AND OTHER HALOALKANES WITH IRON CATALYST

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	13	MINUS	** 22	0	x 25	\$		x50	\$0
INDEP	1	MINUS	*** 4	0	x100	\$		x200	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180	\$		+360	\$
					TOTAL	\$	OR	TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 03179-PA  
FORM PTO-1083

\_\_\_\_\_  
Sam Rosen  
Reg. No. 37,991

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Date: April 12, 2005

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